


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 718794**  
 1. Entity Name  
 NELLE SMITH RESIDENCE FOR GIRLS, INC.



Principal Place of Business      Mailing Address  
 515 NORTH FLAGLER D RIVE, STE 401      515 NORTH FLAGLER D RIVE, STE 401  
 WEST PALM BEACH, FL 33401 US      WEST PALM BEACH, FL 33401 US

**DO NOT WRITE IN THIS SPACE**



02032005 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
 59-1313197      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SMITH, D. CULVER  
 515 NORTH FLAGLER DRIVE, STE 401  
 WEST PALM BEACH, FL 33401

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, D. CULVER III
STREET ADDRESS	324 GREYMAN DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	VD
NAME	HUHN, MICHELLE
STREET ADDRESS	408 GULF ROAD
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	SD
NAME	ARPE, MARY C
STREET ADDRESS	821 FLAMINGO DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	TD
NAME	MURRAY, MARY KAY
STREET ADDRESS	1707 NORTH LAKESIDE DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	D
NAME	BOYLE, EILEEN
STREET ADDRESS	3525 TACONIC DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	D
NAME	TYLANDER, GIGI
STREET ADDRESS	225 SOUTH COUNTY ROAD
CITY-ST-ZIP	PALM BEACH, FL 33480

U00000249013  
 03/02/05-80053-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**       2/28/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #